Strategies to Improve Recruitment, Retention, and Development of Direct Support Workers

Report Prepared for the Kentucky Council on Developmental Disabilities

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Executive Summary

Many states are experiencing high turnover of direct support workers; recruiting and retaining these workers is a nationwide problem. The report summarizes information about the work roles of direct support workers and summarizes demographic information about this workforce. Direct support workers are generally female; few have college degrees and many have a high school education at best.

Major strategies for enhancing recruitment and retention include

- Increasing wages
- Improving access to benefits, particularly health care
- Improving the quality of training and educational/credential opportunities

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Introduction

Direct Support Workers (DSWs) are workers who assist individuals with a wide range of physical and developmental disabilities and health service needs. DSWs provide a variety of services in multiple settings to allow their clients to live independent, self-directed lives. Many states are experiencing high turnover rates for direct service personnel, and retaining and recruiting these workers has become a nationwide problem. This report provides demographic information of DSWs, outlines potential factors contributing to high turnover, presents possible solutions to help stabilize the workforce, and discusses how other states are handling the issue.

Work Roles and Demographics of DSWs

Work Roles of DSWs: Depending on the individual's needs, DSWs can take on multiple support roles. The goal for DSWs working with individuals with developmental disabilities is to create opportunities for these individuals to make their own decisions in daily life, to become valued members in the community, and to be included in social activities. To accomplish this goal, DSWs perform a variety of functions, some of which are listed below (NDSWRC et. al., 2008).

- Assisting with personal care and hygiene, such as bathing, dressing, and grooming
- Assisting with home skills, such as meal preparing, housekeeping, and budgeting
- Assisting with medication administration and management
- Monitoring health and ensuring safety
- Providing transportation and employment support
- Supporting community involvement and positive behavior
- Supporting recreational activities
- Teaching new skills such as self-determination and independent living
- Providing opportunities for community integration
- Working with family members
- Supporting the development of social relationships

- Providing companionship
- Conducting assessments and community referrals

Demographics of DSWs: Since there is a lack of consistency within the direct support field in regards to job titles and work roles, employment data are limited. The Occupational Employment Statistics program provides much of the data on DSWs. This program is a "federal-state cooperative program between the Bureau of Labor Statistics (OES) and State Workforce Agencies that conducts a semi-annual mail survey of employers" (NDSWRC et. al., 2008). Four occupations identified as "being related to the direct service workforce are: nursing aides, orderlies and attendants, home health aides and personal and home care aides, and psychiatric aides" (NDSWRC et. al., 2008).

The data gathered from these surveys provides an overview of the demographic makeup of the direct support workforce. Generally, DSWs are women between the ages of 30 and 40. "Within the intellectual and developmental disabilities sector, there is great variation across states regarding racial and ethnic diversity" (NDSWRC et. al., 2008). Table 1 provides an outline of the broad demographic characteristics of the workforce.

Table 1: DSW Demographics

Setting type	Age	Gender	Race/ethnicity	Foreign born	Education
Nursing care facilities	Median 36	91% F	49% white 33% black 11% Spanish, Hispanic or Latino	20%	•54% high school education or less
Home health care services	Median 44	91% F	41% white 29% black 22% Spanish, Hispanic or Latino	25%	•58% high school education or less
Personal and home care		90% F	48% white 23% black 17% Spanish, Hispanic or Latino		
Residential care facilities		75% F			
Community residential and vocational settings	32-39; Median 35	66%-99% F, Median 81% F	59% white 22% black 8% Spanish, Hispanic or Latino	Increasing	• More than 50% some college • 35% college degree
Psychosocial rehabilitation	Average 38	65% F	• 70% white	Increasing	• 22% high school degree •13% some college • 38% college degree

DSWs are "increasingly first generation Americans" whose first language is not English (NDSWRC et. al., 2008). These workers have experience and training as health care professionals (doctors, nurses, etc.) from working in their native countries, and many are "pursuing credentials to practice their profession in the United States while working as DSWs" (NDSWRC et. al., 2008) The increasing diversity among the workforce may

present challenges related to retention; therefore, training and other motivational practices may become necessary to lower the turnover rate.

Factors Contributing to High Turnover

The high turnover rate for direct support workers is attributable to the following factors:

Facility and Geographic Location: According to the Research and Training Center on Community Living, the number of individuals with developmental disabilities living in institutional facilities has declined from 207,356 in 1977 to 62,496 in 2007 (Prouty, Alba, & Lakin, 2008. Services are now being provided in smaller home-based settings, and this trend has led to greater geographic dispersion of the direct support workforce. The shift toward in-home care has created more challenges for DSWs that "require greater skill, judgment and accountability, autonomy, responsibility, and independent decision-making and problem-solving" (NDSWRC et. al., 2008). This change also limits the supervision of DSWs and the interaction among co-workers. A strong relationship between the workers and their supervisor provides DSWs with clear expectations, support, and encouragement.

Workforce Supply and Demand Conditions: The workforce supply conditions are influenced by the demographic characteristics of DSWs. The majority of the direct support workforce is female, ranging in age from 30 to 40 years old (See Table 1). "The growth rate of the overall workforce of working-age females will continue to level off for at least the next decade" (NDSWRC et. al., 2008). From 2006 to 2016, the "overall national growth rate of working-age females (age 25-54) is expected to be negligible at one percent (Toossi, 2007). As the growth in labor force participation rates for women slows, the growth in the supply of direct support workers will begin to decline as well. Supply conditions are expected to worsen as the current DSW workforce, the baby boom generation, ages and retire (NDSWRC et. al., 2008).

While the growth rate of the core labor supply is expected to decline, demand for direct support workers is expected to increase. Direct support and home health care aides are among the highest-demanded professions (NDSWRC et. al., 2008). By the year 2020, 900,000 new full-time equivalent DSWs in the intellectual and developmental

disabilities sector will be needed (ASPE, 2006). Meeting the future demand for these workers presents a challenge as the labor force supply growth slows.

Workforce Characteristics: Issues related to inadequate wages and benefits, stressful working conditions, challenging hours, and little career mobility affect the turnover rate for DSWs. Direct support workers are "among the lowest paid workers in the health care and human services fields and in the economy at large" (NDSWRC et. al., 2008). Low wages can mean low household incomes. In 2005, it was reported that "just about a quarter of DSWs employed in home health care services lived in families with incomes under the federal poverty level" (PHI, 2005) Many DSWs are not eligible for health care benefits because they are considered part-time or on-call employees (NDSWRC et. al., 2008). As health care services and supports shift to in-home and community settings, the availability of benefits for DSWs is declining.. In addition to low wages and inadequate benefits, insufficient training is a variable that must be considered. DSWs spend a large portion of their time with patients requiring long-term and continuous care and are taking decision-making roles; however, "they receive the least amount of training and have the least education [among health care occupations]" (NDSWRC et. al., 2008).

Status and Image of Direct Support Positions: Human resources studies have identified 5 factors associated with high turnover (Larson et. al., 1997):

1. *Low Organizational Commitment*
2. *Low Overall Job Satisfaction*
3. *Intent to Leave*
4. *Low Performance*
5. *Staff's Expectations about the Job Not Being Met*

Direct support workers are often viewed by organizations as "interchangeable, easily replaced, entry-level employees" (NDSWRC et. al, 2008). As a result, DSWs may experience low organizational commitment. Although helping others as a DSW may be rewarding, these workers may be less satisfied because there do not seem to be clear role definitions and a presence of status. Public awareness of this group of workers is limited, so the importance of these direct support workers goes unnoticed. Enhancing

the image of DSWs and their work and providing a sense of status can improve worker satisfaction and commitment.

<div align="center">Alternatives for Stabilizing the Workforce</div>

Increasing Wages and Access to Benefits: To improve the competitiveness of direct support professions, one solution is to increase wage levels and benefits. According to Dr. Dorie Seavey and Dr. Vera Salter, several policy tools have been used to address the issue of wages for DSWs (Seavey & Salter, 2006):

- Targeted funding for wage add-ons such as wage pass-throughs (i.e. a 60 cents per hour increase);
- Reimbursement rate reform that changes the methods for rebasing, or updating rates for the services and supports provided by DSWs, or that provides for enhanced rates for providers meeting higher standards relating to the workforce;
- Changes to procurement and contracting standards in order to establish minimum benchmark standards for providers to participate in public programs, i.e. wage floors or requirements that a minimum part of the service rate be allocated to cover direct support labor costs; and
- Creation of public authorities to organize consumer-directed Medicaid-funded services provided by independent providers, allowing for collective bargaining on behalf of DSWs.

Strategies to increase wages also include "indexing the state minimum wage to inflation to allow for wage increases tied to changes in the cost of living or passing living wage laws to ensure a base minimum wage that is substantially higher than the minimum wage set by the state or federal government" (NDSWRC et. al., 2008).

Stabilizing the workforce may also be achieved through improving health care coverage options. The PHI's Health Care for Health Care Workers initiative reported the following approaches to expanding access to benefits (PHI, 2008):

- Make employer-based insurance more affordable by using purchasing pools to reduce the cost or public funds to subsidize employer or employee shares of the premiums,

- Expand public insurance coverage by expanding eligibility for Medicaid or other public health programs,
- Establish coverage through collective bargaining to allow for workers to negotiate for employer-sponsored coverage,
- Build insurance costs into Medicaid reimbursement providing rate enhancements to cover the cost of health coverage, and
- Assist workers with health care expenses through the use of limited benefits products like prescription discount cards, mini-med plans, health savings accounts and health reimbursement accounts.

A study conducted by the Centers for Medicare and Medicaid Services (CMS) reported a "strong positive link between health coverage and retention" (NDSWRC et. al., 2008). It is important for states to "provide targeted outreach to DSWs so that they understand their health coverage options and receive assistance with enrollment as needed" (NDSWRC et. al., 2008).

Improving the Quality of Training and Educational/Credential Opportunities: Reforming training and education programs is an alternative solution to the turnover problem. The following approaches are identified by the National Direct Service Workforce Resource Center (NDSWRC et. al., 2008):

- Creating opportunities for advancement through state-sanctioned career pathways and advancement programs,
- Providing tuition reimbursement programs,
- Identifying core competencies for DSWs on which training should be based in order to support the development of consistent training programs,
- Developing and implementing a standardized curriculum to train DSWs across the state and/or to new streamlined credentialing and certification programs,
- Adopting U.S. DOL apprenticeship programs, combining work place learning and related instruction, for various types of DSWs, and
- Developing peer support training and certificate programs that provide intensive training, testing, certification, continuing education and ongoing technical support.

Core competencies can be used to build career pathways and advancement/training programs. With an apprenticeship program, DSWs are required "to complete a specified number of hours of training and on-the-job skill implementation" (NDSWRC et. al., 2008) Four apprenticeship programs have been developed: Direct Support Specialist, Certified Nurse Assistant, Home Health Aide, and Health Support Specialist. An apprenticeship completion could be combined with a wage increase because of the additional training.

Strengthening Working Relationships: Developing workforce standards and quality career pathways is another alternative solution. Strengthening relationships among workers and between workers and their supervisor can provide motivation and incentive to improve performance and can increase retention. Strategies that may be used to build working relationships include (Bernstein, 2002):

- New employee referral bonus programs,
- Flexible work schedules,
- Longevity bonuses,
- Recognition of employees for years of service,
- Annual staff recognition functions, and
- Visibility of directors on site to work and provide support.

Establishing a support network such as "comprehensive worker registries can help workers find people who need support and help consumers find people to provide support" (NDSWRC et. al., 2008). Another strategy is to "develop worker professional associations to enhance opportunities for networking, professional development activities, policy advocacy, and empowerment" (NDSWRC et. al., 2008).

<u>Progress in Other States</u>

Throughout the U.S., the high turnover rate for DSWs is a growing concern, and some states have developed solutions that address the problem.

Illinois: In 2005, state officials in Illinois developed a plan to strengthen the developmental disabilities direct support professional workforce. An outline of the goals of the plan is provided in Appendix A(Institute on Community Integration at the University of Minnesota et. al.). It addresses several of the challenges that are related to the recruitment and retention of DSWs. Through the following strategic steps, the

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Illinois Direct Support Professional Workforce Initiative's Steering and Advisory Committee intends to improve the quality of Direct Support Professionals:

1.) Improve recruitment and retention strategies in Illinois

2.) Increase the wages and benefits of DSPs and supervisors by $3/hour

3.) Create tools that employers can use to recruit and retain quality DSPs

4.) Improve educational opportunities for DSPs and supervisors

5.) Create career ladders for DSPs to advance

6.) Improve the public image of DSPs and the value of their work

7.) Develop a professional association for DSPs in Illinois with national affiliations

8.) Improve mentoring and supervision practices in Illinois

9.) Identify methods for tracking workforce data and using this data to evaluate and report on workforce conditions

This initiative is funded by the Illinois Council on Developmental Disabilities (PHI, 2008).

Iowa: The Iowa CareGivers Association developed a Certified Nursing Assistants Recruitment and Retention Project that was adapted to home and community-based services providers. The goal of the project was to establish training and mentoring programs to increase awareness of work performed by DSWs. In its initial stages, the project led to "higher job satisfaction and retention rates for those that participated" (Iowa CareGivers Association, 2004).

North Carolina: Over the past five years North Carolina has received many grants to develop programs and projects aimed at improving the recruitment and retention of DSWs in the state. With the Real Choice Systems Change grant, the state was able to "create a career ladder for direct support workers by recognizing two advanced practice job categories – medication aide and geriatric nurse aide" (Edelstein & Blakeway, 2008). In addition, North Carolina established the Direct Care Worker Association of North Carolina to "support the professional development of direct support workers, to promote public awareness of the importance of the profession, and train a cadre of trainers to help providers implement a more supportive, coaching style of supervision" (Edelstein & Blakeway, 2008). The state received another grant, the Better Jobs, Better Care grant, from which the North Carolina New Organizational Vision Award was created. This award provides a "special licensure designation that

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recognizes long-term care providers who demonstrate their commitment to their direct support workforce through supportive workplace practices and leadership and career development opportunities" (Edelstein & Blakeway, 2008). In 2004, the state received a Direct Support Workforce Demonstration grant to research "the impact of providing health insurance coverage to home care workers on the workers' decision to stay in direct support" and a positive effect between retention and health care coverage was found (Edelstein & Blakeway, 2008).

Pennsylvania: The Pennsylvania Better Jobs, Better Care project was implemented with the purpose of "developing a universal core curriculum to provide initial training to all direct support workers, regardless of setting" (Edelstein & Blakeway, 2008). A competency-based training model was created to provide a "structured career ladder for direct support workers in home and community-based settings" (Edelstein & Blakeway, 2008). The state has also focused on initiatives relating to improving health care options for DSWs. To expand coverage, the following projects have been started:

1.) Professional employer organization: Health Care for Health Care Workers Pennsylvania is partnering with The Tri-County Patriots for Independent Living (TRIPIL), Service Employees International Union, and the ICA Group to develop a professional employer organization (PEO) called the *Collaborative Direct Care Workforce Center* in Southwest Pennsylvania to make insurance more affordable for small and medium-sized long-term care employers (PHI, 2008).

2.) Training advocates and building public awareness: The state provides "leadership development for workers, consumers, and employers who want to advocate for better health care coverage for direct-care workers" (PHI, 2008).

Georgia: To increase the retention rate of DSWs, officials in Georgia have developed a Nurse Aide Registry and Certified Nursing Assistant Training program. This program must be a minimum of 85 hours in length and includes classroom and clinical experience in a long-term facility (PHI, 2008).

Appendix A

Action Plan:
The Illinois Quality Support Agenda 2005

The vision and interventions discussed in this plan provide a framework to address challenges in recruitment and retention of DSWs. The following goals were developed by the Steering and Advisory Committee to build a stronger DSW workforce.

Recruitment and Retention Strategies:
Attract and Retain Qualified DSWs

Goal 1: Conduct annual an on-going legislative advocacy campaigns to increase the wages and benefits of DSWs and FLSs by not less than $3.00 per hour.

Goal 2: Disseminate and implement a public relations campaign kit throughout the state.

Goal 3: Improve the knowledge of supervisors related to recruitment and retention strategies.

Education, Training and Career Development:
Raise the Skill and Knowledge of DSWs

Goal 1: Building on existing DHS competencies for DSWs, develop intermediate and advanced education opportunities that bear college credit and that lead to voluntary, specialized credentialing.

Workforce Data and Statistics:
Develop a Systemic Strategy to Monitor DSW Wages, Benefits, and Workforce Outcomes

Goal 1: Convene stakeholders to identify statewide data needed regarding the community services DSW workforce supporting individuals with developmental disabilities in Illinois, inventory existing and potential sources of that data, and make recommendations about ongoing data collection, evaluation, and reporting strategies.

Goal 2: Report annually on the extent to which an adequate supply of DSWs is available

to provide community based supports and services for citizens with developmental disabilities.

Status and Awareness of Profession:

Elevate the Awareness, Understanding, Status and Respect for the DSW Profession

Goal 1: Develop and provide support to an Illinois chapter of the National Association of Direct Support Professionals run by and for DSWs.

Goal 2: Develop and provide training to organizations on how to involve DSWs in the development and implementation of individual supports for the people to whom they provide services and supports.

Goal 3: Encourage agencies operating programs for people with developmental disabilities to include DSWs on relevant work groups, councils, board, and task forces.

Mentoring and Supervision:

Support DSWs by Developing Skillful and Effective Supervisors and Mentors

Goal 1: Develop and implement a training program for organizations about the benefits of effective mentoring and supervision.

Goal 2: Develop and implement a training program for DSWs about the knowledge, skills and attitudes necessary for being a mentor.

Goal 3:   Develop and implement a training program to teach supervisors necessary knowledge, skills, and attitudes for guiding, directing, and supervising DSWs.

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